

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

March 20, 1989

Letter No.: 89- 14

TO: All County Welfare Directors
All County Administrative Officers

Subject: Aliens, SAVE, SSNs, Provider Bulletin.

Reference: ACWDLs 88-68, 88-70, 88-87.

This is to provide you with the procedures for the Systematic Alien Verification for Entitlements (SAVE) system and disability referral form MC 221, and the November 1988 Medi-Cal Provider Bulletin which explained SB 175 changes (Attachment 1).

SAVE

You can now use SAVE primary verification for amnesty aliens who have Immigration and Naturalization Service (INS) forms I-688A and I-689 as evidence of their immigration status. You will receive the message "Pending application - temporary employment authorized". Such message verifies that an alien has applied for amnesty, not that he/she has been granted it. Therefore, until amnesty is granted, you may only grant restricted services. It is the applicant's responsibility to inform you when he/she receives amnesty.

SAVE verification is required at every application, redetermination, restoration and reapplication for aliens who provide documentation of satisfactory immigration status to the county. This includes individuals who, though requesting restricted services only, voluntarily present an I-688, I-688A, I-551 or I-689. You must assign the appropriate restricted-benefit aid code of 52 or 57 for IRCA aliens presenting an I-688 or an I-551. Use the OBRA aid code of 58 for those presenting an I-688A or an I-689.

Secondary verification no longer requires a consent of disclosure from amnesty aliens. Therefore, do not ask amnesty aliens for one. We will delete the consent of disclosure from form G-845.

If you do not receive form G-845 back from INS within ten to twenty-one working days, contact the lead verifier at the INS office where you submitted the G-845. Lead verifiers are: Rosemary Bell, Los Angeles INS office, (213) 894-2787; Marie Wollin, San Diego INS office, (619) 557-6719; and Tom Keathly, San Francisco INS office (415) 556-6217.

Social Security Numbers

Form MC 221, used for disability evaluation packets sent to the Department of Social Services' Disability Evaluation Division (DED), has a box for applicants' Social Security Numbers (SSN). For those requesting restricted services whose SSN is unknown, please mark the box "N.A." for not applicable.

All County Welfare Directors
All County Administrative Officers
Page 2

This will prevent DED rejection of the disability packet for omission of the SSN and eliminate the need for further explanation in the Comments section. As a reminder, we cannot ask applicants for restricted benefits for their SSN (All County Welfare Director Letter 88-87, page 1). However, if the SSN is known from other means, you must use it on the MC 221, for Income Eligibility Verification System (IEVS), and for any other mandated purpose.

If you have policy questions about SAVE, please contact Elaine Bilot at (916) 323-4124, ATSS 8-473-4124. For disability information call Sandy Poindexter at (916) 324-4953, ATSS 8-454-4953. Thank you in advance for your cooperation.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: March 20, 1990



MEDI-CAL UPDATE

P.O. BOX 13029, SACRAMENTO, CA 95813-4029

November 1988

Allied Health Services Bulletin No. 138
Inpatient/Outpatient Bulletin No. 154
Long Term Care Bulletin No. 130

Medical Services Bulletin No. 161
Pharmacy Bulletin No. 199
Vision Care Bulletin No. 121

Medi-Cal Benefits Extended To Previously Ineligible Aliens

Limited or full-scope Medi-Cal benefits will be extended to previously ineligible aliens, effective on or after October 1, 1988. This new program was mandated by the Federal Omnibus Budget Reconciliation Act of 1986 (OBRA) and the Immigration Reform and Control Act of 1986 (IRCA). IRCA created a legalization program under which the status of certain aliens unlawfully residing in the United States may be adjusted over time to permanent resident status. In granting these aliens amnesty, the law specifies that their participation in certain assistance programs be restricted to five (5) years. OBRA applies to other aliens such as temporary visitors.

The State Department of Health Services has assigned six (6) new Aid Codes to identify the various types of OBRA and IRCA recipients. These new codes are: 50, 51, 52, 56, 57, and 58. They are defined as follows:

<u>AID CODE</u>	<u>RECIPIENT TYPE</u>	<u>DEFINITION</u>
50	CMSP IRCA Aliens	IRCA Aliens who are eligible for the full scope of County Medical Services Program (CMSP) benefits.
51	IRCA Aliens	Aliens qualifying for Medi-Cal as temporary or permanent lawful residents who are aged, blind, disabled, or children under 18 years of age. These individuals are eligible for the full scope of Medi-Cal benefits.
52	IRCA Aliens: Limited Services	Aliens qualifying for Medi-Cal as temporary or permanent lawful residents who are not aged, blind, disabled, or children under 18 years of age. These individuals are eligible for emergency and/or pregnancy related medical benefits only.
56	IRCA Special Agricultural Workers (SAWs)	SAWs aliens qualifying for Medi-Cal as temporary or permanent lawful residents who are either aged, blind or disabled, or children under 18 years of age. These individuals are eligible for the full scope of Medi-Cal benefits.

Allied Health Services Bulletin No. 138
 Inpatient/Outpatient Bulletin No. 154
 Long Term Care Bulletin No. 130

Medical Services Bulletin No. 161
 Pharmacy Bulletin No. 199
 Vision Care Bulletin No. 121

<u>AID CODE</u>	<u>RECIPIENT TYPE</u>	<u>DEFINITION</u>
57	IRCA SAWs: Limited Services	SAWs aliens qualifying for Medi-Cal as temporary or permanent lawful residents who are not aged, blind, disabled, or children under 18 years of age. These individuals are eligible for emergency and/or pregnancy related medical benefits only.
58	OBRA Aliens: Limited Services	Other aliens such as temporary visitor aliens. These individuals are eligible for emergency and/or pregnancy related medical benefits only.

CLAIM FORM SUBMISSION

Aid Code

- 50 Claims for a recipient with an Aid Code 50 (CMSP IRCA Aliens) should be submitted by providers and processed at EDS in accordance with current procedures for County Medical Services Programs (CMSP).
- 51 or 56 Claims for a recipient with an Aid Code 51 (IRCA Aliens) or 56 (IRCA Special Agricultural Workers) will be processed in accordance with current procedures for the full scope of Medi-Cal benefits.
- 52, 57 and 58 Medi-Cal cards and labels for recipients with Aid Codes 52 (IRCA Aliens), 57 (IRCA SAWs), and 58 (OBRA Aliens) will be identifiable as restricted service cards, for emergency and pregnancy related medical benefits only.
- (A) State-issued Medi-Cal cards for recipients with Aid Codes 52, 57, and 58 will be bordered in red and labeled "VALID FOR EMERGENCY OR PREGNANCY RELATED SVS ONLY" (SVS = services). A sample card is shown in Figure 1.

```

VALID: SEP 88 03/04/ 50 F BENE NAMEDEF7
      SSA# 555555555 33571111150000
VALID FOR EMERGENCY OR 0988M50B
PREGNANCY RELATED SVS ONLY BENE NAMEDEF7
33-57-1111150-0-00 **7** 33571111150000
ODE 57 BENE NAME AT 0988M50B
FIRST ADDRESS LINE BENE NAMEDEF7
SECOND ADDRESS LINE 33571111150000
CITY, STATE 95814 0988P50B
      BENE NAMEDEF7
      MEDSID 555555555 33571111150000
      * N795 0988P50B
      BENE NAMEDEF7
      SOC: 00000 O/C:8 33571111150000
      F358 0988P50B
  
```

Figure 1. Sample State-Issued Restricted Services Medi-Cal ID Card

Allied Health Services Bulletin No. 138
 Inpatient/Outpatient Bulletin No. 154
 Long Term Care Bulletin No. 130

Medical Services Bulletin No. 161
 Pharmacy Bulletin No. 199
 Vision Care Bulletin No. 121

CLAIM FORM SUBMISSION (continued)

- (B) County-issued Medi-Cal cards for recipients with Aid Codes 52, 57, and 58 will be **green** and labeled "VALID FOR EMERGENCY OR PREGNANCY RELATED SVS ONLY." The restricted message will be displayed on the I.D. portion of the card and will be bordered by asterisks. A Sample County Welfare Department issued card is shown in Figure 2.

*TEST TEST	*TEST TEST		
0152-1234567-890	0152-1234567-890		
1280MEDI *43F8	1280MEDI *43F8	TEST	T TEST
N*	N*	RECIPIENT-ID 7777-07777	VALID DEC, 1980
*TEST TEST	*TEST TEST	COUNTY ID 01-52-1234567-8-90	DOB 10-16-943
0152-1234567-890	0152-1234567-890		SEX F
1280*POE *43F8	1280*POE *43F8		OTHER COVERAGE N
N*	N*		
*TEST TEST	*TEST TEST	*****	
0152-1234567-890	0152-1234567-890	**	**
1280*POE *43F8	1280*POE *43F8	**	**
N*	N*	**	**
*TEST TEST	*TEST TEST	**	**
0152-1234567-890	0152-1234567-890	**	**
1280*POE *43F8	1280*POE *43F8	*****	
N*	N*	2N0988270150504	SEE INSTRUCTIONS ON BACK
			(OSP 312 1 86)

Figure 2. Sample County-Issued Restricted Services Medi-Cal I.D. Card

PHARMACY, RADIOLOGY AND LABORATORY SERVICES COVERAGE

For beneficiaries whose coverage is limited to emergency and/or pregnancy related medical benefits, pharmacy, radiology and laboratory services are covered when ordered by the primary provider.

DEFINITION OF EMERGENCY MEDICAL CONDITIONS

Emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following:

- (1) Placing the patient's health in serious jeopardy.
- (2) Serious impairment to bodily functions.
- (3) Serious dysfunction to any bodily organ or part.

Eligible individuals will be entitled to all inpatient and outpatient services that are necessary for the treatment of an emergency medical condition as certified by the attending physician or other appropriate provider and in the same manner as administered under Section 51056 of Title 22 of the California Code of Regulations. Covered services include continuation of medically necessary inpatient hospital services and followup care, as determined by the department, which is directly related to the emergency.

All acute level inpatient days, except the first three (3) days if the emergency admission was for labor and delivery, continue to require authorization via a *Treatment Authorization Request* (TAR) from the local Medi-Cal Field Office.

Allied Health Services Bulletin No. 138
 Inpatient/Outpatient Bulletin No. 154
 Long Term Care Bulletin No. 130

Medical Services Bulletin No. 161
 Pharmacy Bulletin No. 199
 Vision Care Bulletin No. 171

DEFINITION OF EMERGENCY MEDICAL CONDITIONS (continued)

For all OBRA/IRCA recipients, providers must indicate emergency treatment by 1) entering an "X" in the EMERGENCY CERTIFICATION box (when available on the claim form), and 2) submitting a description of the nature of the emergency, not merely a statement that an emergency existed.

PREGNANCY RELATED SERVICES

Recipients with Aid Codes 52, 57, and 58 are limited to:

- Emergency care services, including emergency labor and delivery, and
- Pregnancy related care.

Pregnancy related care means services required to assure the health of the pregnant woman and the fetus. Pregnancy care may be provided prenatally and up to 60 days post-partum.

When applicable, providers must indicate pregnancy related care on the claim form by 1) procedure and 2) diagnosis. For pregnancy related care, the primary or secondary diagnosis code on the claim must be within the range of V22 through V24.2 indicating pregnancy or complications thereof.

NON-EMERGENCY, MEDICARE CROSSOVERS, AND PHP SERVICES

Claims for all non-emergency services for recipients with Aid Codes 52, 57, or 58 will be denied with the following denial code and message:

<u>CODE</u>	<u>MESSAGE</u>
093	Non-emergency services are not payable for limited service OBRA/IRCA recipients.

OBRA and IRCA recipients are not eligible for Medicare crossover benefits. Medicare crossover claims will be denied with the following denial code and message:

<u>CODE</u>	<u>MESSAGE</u>
094	OBRA/IRCA recipients are not eligible for Medicare crossover benefits

Please note that OBRA and IRCA recipients will not be covered under Medi-Cal County Health Services or other prepaid health care contracts. All claims for services for these recipients must be submitted to CCB, the Medi-Cal Fiscal Intermediary. Prior authorization of services, when required, must be obtained from the local Medi-Cal Field Office.